



TIRUCHIRAPALLI DISTRICT CENTRAL CO-OPEARATIVE BANK LTD - R.178
TRICHY - 620 002.

HO / Branch Name :

Application Form for Opening of FD / RD

To,
 The Branch Manager,
Branch.

Please open a FD / RD in the name (s) of I / We herewith enclose a cheque
 bearing No : Date for Rs.

SB A/c. No.: Name :

CIF No.

Customer Type :

Indl Indl_Staff Indl_Senior Citizen HUF Inst

Retd Staff Minor

In Case of Minor, Date of Birth : Name of guardian :

Relationship :

Mode of Operation :

Self E or S Jointly Others

I/We do hereby authorize you to debit my/our Savings/Current A/c No.

a sum of Rs. (Words) and to

open FD/RD amount as below :

Deposit amount Rs. :

Deposit Period : Days Years

Interest Payable : Monthly / Quarterly / Half Yearly / Yearly / On Maturity

Rate of interest (At Present):

In case of RD, Principal amount may be deducted from my SB/CA No : Monthly.

In the event of my / our seeking preclosure of Term Deposit / Recurring deposit, I / We agree that apply
 the rules as applicable for preclosure of term deposits.

I / We do hereby agree to auto renew the deposit on maturity along with interest (or) without interest. I do here
 by accept at the rate of interest prevailing at the time of renewal of such Deposits and agree to receive maturity
 amount through my SB/CA No which is in my / ours name(s)

I / We do hereby I abide the rules fixed by the bank then and there in this regards

Place :

Date :

Signature of Applicant (S)

Specimen Signature

1)	1)	
2)	2)	
3)	3)	

Staff Declaration :

I working as Staff No.
TDCC Bank / HO / Branch Do FD / RD of Rs (Words
.....) for the period of Days / Months/ Years. I Kindly
request you to extend me additional interest applicable to staff deposit. I assure you that the deposit is made from
my own money.

Staff Signature

Attestation for Bank Use Only :

We hereby declare that the details furnished above are true and correct and checked with original documents.

Documents Received Self Certified True copy Notary
Risk category High Medium Low

A/C Opened by

Authorized by

Name :

Name :

In person verification carried out by identity verification done.

Date :

Signature of the Sec.Staff

Signature of the Manager



THE TIRUCHIRAPALLI DISTRICT CENTRAL CO-OP. BANK LTD.,

FORM DA-1 Nomination Form

Nomination under section 45ZA to 45ZF of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits.

I / We names(s) and address(es) nominate the following persons to whom in the event of my / our / minor's death the amount of the deposit particulars whereof are given below, may be returned by The Tiruchirapalli District Central Co-op Bank Ltd Branch.

Name and Address of the Nominee	Nominee's Relationship with the Depositor	Age	If nominee is a minor his / her Date of Birth

As the nominee is a minor on this date, I/We appoint Thiru/Tmt.....


(Name and address, Age & Relationship with depositor, if any) to receive the amount of the deposit claim amount on behalf of the nominee in the event of my / our minor's death during the minority of the nominee

Signature

Serial Number In the nomination Register

Signature of the Branch Manager
(Please affix office seal)



	THE TIRUCHIRAPALLI DISTRICT CENTRAL CO-OP. BANK LTD., Acknowledgement for form DA1 Nomination Form
Received on..... (Date)	nomination form No. DA-1 for making nomination from.....
..... (Name of Deposit Holders) (Name of the Account)
Deposit Account No. Serial Number in the nomination Register Date :	Signature of the Branch Manager (Please affix office seal)